

PLAY Basketball Camps

SPRING/SUMMER 2011 BASKETBALL CAMPS

Emmanuel Faith Church
639 E. Felicita Ave., Escondido 92025

#1 SPRING BREAK CAMP (4 day camp)

- Monday, April 25 - Thursday, April 28
- K - 8th Grade (Co-Ed)
- 9 a.m. to Noon
- \$100

#2 SUMMER BASKETBALL CAMP (5 day camp)

- Monday, July 18 - Friday, July 22
- K - 8th Grade (Co-Ed)
- 9 a.m. to noon
- \$125

*see reverse side for more details



Campers Name: _____ DOB: ___ / ___ / ___

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ Zip: _____

Email Address: _____

Day Phone Number: ___ / ___ - _____ Camp (please circle): Spring Summer Both

Payment Enclosed: \$ _____ (checks payable to **PLAY Basketball Clinics**)

To Register:

Mail Registration Form to:

PLAY Basketball Clinics, PMB #202
16625 Dove Canyon Road, Suite #102
San Diego, CA 92127-3490

Online Registration: www.play-bc.com/camps.htm

QUESTIONS?!?!

Contact Coach Brooks @
Phone: 619/850-2209; or
coachbrooks@play-bc.com

*Thanks Coach Brooks,
my son is still talking
about the camp. It was
awesome.*

-parent

Typical Day

- 9:00 - 9:15 Warm-up and stretch
- 9:15 - 9:45 Clinic
- 9:45 - 10:15 Station Drills
- 10:15 - 10:45 Individual Competitions
- 10:45 - 11:00 Time Out w/ Coach Brooks
- 11:00 - Noon Team Competitions



Coach Brooks

- Owns and operates PLAY Basketball Clinics
- Trains 800+ young athletes each year
- Former pro player in the European leagues
- 7th year running camp at EFCC

In the case of an emergency and if I cannot be reached, I authorize the staff of PLAY Basketball Clinics to obtain whatever medical treatment he/she deems necessary for the welfare of my child listed on this application. I further understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

In consideration of being permitted to participate in any way in PLAY Basketball Clinics, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue PLAY Basketball Clinics and its employees from liability from any and all claims including the negligence of PLAY Basketball Clinics and its employees resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in PLAY Basketball Clinics.

Participation in PLAY Basketball Clinics carries with it certain inherent risks that cannot be eliminated regardless of care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from minor injuries such as scratches, bruises and sprains to major injuries such as eye injury or loss of sight, joint injuries, heart attacks and concussions to catastrophic injuries including paralysis and death.

I agree to indemnify and hold harmless PLAY Basketball Clinics and its affiliates, predecessors and successors, owners, partners, agents, officials, employees and representatives (collectively, the "Corporations Parties") from and against any and all actions, demands, liabilities, losses, claims, damages, costs or expenses, including without limitation court costs and attorneys' fees (collectively, the "Claims"), brought as a result of my child's involvement in PLAY Basketball Clinics and to reimburse them for any such expenses incurred.

In case any provision of this Agreement shall be invalid, illegal or unenforceable, such provisions shall be severed from this Agreement. The validity, legality and enforceability of the remaining provisions of this Agreement shall not in any way be affected or impaired thereby.

I hereby authorize PLAY Basketball Clinics to allow the reproduction, dissemination and or publication of my name or likeness for media coverage, public relations, or any other purpose that may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my participating in PLAY Basketball Clinic event (s) and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my participation in this event (s), nor will I receive any payment for the possible commercial use of my name or likeness.

I have read this entire Agreement, and I fully understand its terms and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian Signature: _____ Date: _____